

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/587329

FILING DATE

30 MAY 2007

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		2		1		
4		2		1		
5		2		1		
6		2		1		
7		0		1		
8		0		0		
9		0		1		
10		0		1		
11		0		1		
12		0		1		
13		0		1		
14	1		1			
15		1		1		
16		2		1		
17		2		1		
18		1		1		
19	1	1	1			
20		1		1		
21		2		1		
22		2		1		
23	1		1			
24	1		1			
25	1		1			
26	1		1			
27		0		1		
28		0		1		
29		0		1		
30		0		1		
31		0		1		
32		0		1		
33		0		1		
34	1		1			
35	1		1			
36		2		1		
37		2		1		
38	1		1			
39		1		1		
40	1		1			
41		1		1		
42	1		1			
43		1		1		
44		2		1		
45		0		1		
46	1		1			
47	1		1			
48						
49						
50						
TOTAL IND.	14	↓	13	↓		↓
TOTAL DEP.	44	←	34	←		←
TOTAL CLAIMS	58		47			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						